DECLARATION FOR PATENT APPLICATION

Docket: <u>442-2</u>			
As a below named inventor, I hereby declare that:			
My residence, post office address and citizenship are as stated below next to my name.			
and joint inventor (if plural names are listed below)	if only one name is listed below) or an original, first of the subject matter which is claimed and for which AITING ROOM HEALTH-CARE INFORMATION		
(check one) ✓ is attached hereto. — was filed on as United States Application Number or PCT International Application Number, and was amended on (if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.			
I acknowledge the duty to disclose to the Office all known information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.			
foreign application(s) for patent or inventor's certif	e 35, United States Code, Section 119(a) -(d) of any ficate listed below and have also identified below any ate having a filing date before that of the application		
Prior Foreign Application(s)	Priority Claimed		
	No		
(Number) (Country)	(Day/Month/Year Filed)		
I hereby claim the benefit under Title 35, United provisional application(s) listed below.	d States Code, Section 119(e) of any United States		
60/187,952	March 9, 2000		
(Provisional Application No.)	(Filing Date)		
60/224,262	August 10, 2000		
(Provisional Application No.)	(Filing Date)		
60/229,178	August 29, 2000		
(Provisional Application No.)	(Filing Date)		

application(s) listed below a not disclosed in the prior Ur 35, United States Code, Sec in Title 37, Code of Federal	nd, insofar as the subject matter tited States application in the ma- tion 112, I acknowledge the dut Regulations, Section 1.56 whi	s Code, Section 120 of any United States or of each of the claims of this application is anner provided by the first paragraph of Title ty to disclose material information as defined ich became available between the filing date anal filing date of this application:
(Application No.)	(Filing Date)	(Status-patent,pending,abandoned)
I hereby appoint the follow Patent and Trademark Office		pplication and to transact all business in the
	Jonathan A. Bay, Registrati	ion No. 35,064.
Please direct all correspond	ence and telephone calls to:	
	Jonathan A. Ba Attorney at La 333 Park Central East, Springfield, MO 6 Telephone (417) 873	w Suite 314 65806
made on information and be the knowledge that willful fa or both, under Section 1001	lief are believed to be true; and alse statements and the like so n	n knowledge are true and that all statements further that these statements were made with made are punishable by fine or imprisonment, as Code and that such willful false statements at issued thereon.
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Full name of sole or first in	ventor John R. CARLILE	
Residence Springfield, Citizenship United States Post Office Address 34	Missouri 43 S. National	Date
Full name of second joint is	nventor, if any:	
Residence		Date